

UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF NEW YORK-----X  
QUANDELL HICKMAN,

Plaintiff,

-v.-

NEW YORK STATE CORRECTIONS AND  
COMMUNITY SUPERVISION, et al.,Defendants.  
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ORDER

24 Civ. 3421 (VSB) (GWG)

**GABRIEL W. GORENSTEIN, UNITED STATES MAGISTRATE JUDGE**

The defendants in this matter have filed a motion to dismiss the complaint, dated October 7, 2024 (Docket # 19). The defendants' memorandum of law in support of their motion to dismiss the complaint, dated October 7, 2024 (Docket # 20), makes strong arguments that the complaint fails to state a claim, fails to show personal involvement in the alleged constitutional violation by any of the named defendants, is barred by the three-year statute of limitations applicable to actions pursuant to 42 U.S.C. § 1983, is barred by the one-year statute of limitations applicable to intentional torts, along with other arguments detailed in the memorandum of law. The defendants also argue convincingly that the complaint fails to contain a plain statement of the facts. Plaintiff's opposition largely fails to address defendants' argument and sets forth facts that are not contained in the original complaint. Further, in his opposition, plaintiff suggests that he may wish to file an amended complaint.

In light of plaintiff's pro se status, the Court will give plaintiff leave to file an amended complaint so that plaintiff may attempt to correct these deficiencies. Any such amended complaint must be filed by June 13, 2025. Plaintiff is reminded that any amended complaint will completely replace the existing complaint. Thus, plaintiff must include all claims and facts in any amended complaint. A form for such an amended complaint is attached. Plaintiff is reminded that the amended complaint form directs in the "FACTS" section that plaintiff shall attach "additional pages if needed." This is a case that will almost certainly require additional pages.

The Court strongly suggests that plaintiff set forth in detail and in chronological order (and in separate numbered paragraphs) the events that give rise to his claim and also to specify which conduct by each individual defendant shows that defendant's personal involvement in the alleged constitutional violation. Plaintiff should also explain whether he sought any correction of the calculation of his sentence administratively and whether there was any action by a court or his custodian that re-computed his sentence in the manner plaintiff sought.

If plaintiff files an amended complaint, the defendants shall respond to the amended complaint within 21 days of its filing. The Court's pre-motion conference requirement as to any motion to dismiss by defendants is waived.

In light of this Order, the pending motion to dismiss (Docket # 19) and plaintiff's opposition, styled as a motion (Docket# 28), are deemed withdrawn with leave reinstate by letter if plaintiff fails to file an amended complaint.

SO ORDERED.

Dated: May 13, 2025  
New York, New York

  
\_\_\_\_\_  
GABRIEL W. CORENSTEIN  
United States Magistrate Judge

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UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF NEW YORK

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Write the full name of each plaintiff.

No. \_\_\_\_\_

-against-

**COMPLAINT**  
(Prisoner)

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Do you want a jury trial?

☐ Yes ☐ No

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Write the full name of each defendant. If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed above must be identical to those contained in Section IV.

**NOTICE**

The public can access electronic court files. For privacy and security reasons, papers filed with the court should therefore *not* contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number. See Federal Rule of Civil Procedure 5.2.

**I. LEGAL BASIS FOR CLAIM**

State below the federal legal basis for your claim, if known. This form is designed primarily for prisoners challenging the constitutionality of their conditions of confinement; those claims are often brought under 42 U.S.C. § 1983 (against state, county, or municipal defendants) or in a “*Bivens*” action (against federal defendants).

☐ Violation of my federal constitutional rights

☐ Other: \_\_\_\_\_

**II. PLAINTIFF INFORMATION**

Each plaintiff must provide the following information. Attach additional pages if necessary.

First Name	Middle Initial	Last Name
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State any other names (or different forms of your name) you have ever used, including any name you have used in previously filing a lawsuit.

Prisoner ID # (if you have previously been in another agency’s custody, please specify each agency and the ID number (such as your DIN or NYSID) under which you were held)

Current Place of Detention

Institutional Address

County, City	State	Zip Code
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**III. PRISONER STATUS**

Indicate below whether you are a prisoner or other confined person:

☐ Pretrial detainee

☐ Civilly committed detainee

☐ Immigration detainee

☐ Convicted and sentenced prisoner

☐ Other: \_\_\_\_\_

**IV. DEFENDANT INFORMATION**

To the best of your ability, provide the following information for each defendant. If the correct information is not provided, it could delay or prevent service of the complaint on the defendant. Make sure that the defendants listed below are identical to those listed in the caption. Attach additional pages as necessary.

Defendant 1:

First Name	Last Name	Shield #
Current Job Title (or other identifying information)		
Current Work Address		
County, City	State	Zip Code

Defendant 2:

First Name	Last Name	Shield #
Current Job Title (or other identifying information)		
Current Work Address		
County, City	State	Zip Code

Defendant 3:

First Name	Last Name	Shield #
Current Job Title (or other identifying information)		
Current Work Address		
County, City	State	Zip Code

Defendant 4:

First Name	Last Name	Shield #
Current Job Title (or other identifying information)		
Current Work Address		
County, City	State	Zip Code

## V. STATEMENT OF CLAIM

Place(s) of occurrence: \_\_\_\_\_

Date(s) of occurrence: \_\_\_\_\_

## FACTS:

State here the FACTS that support your case. Describe what happened, how you were harmed, and how each defendant was personally involved in the alleged wrongful actions. Attach additional pages as necessary.

[illegible]

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**INJURIES:**

If you were injured as a result of these actions, describe your injuries and what medical treatment, if any, you required and received.

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**VI. RELIEF**

State briefly what money damages or other relief you want the court to order.

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**VII. PLAINTIFF'S CERTIFICATION AND WARNINGS**

By signing below, I certify to the best of my knowledge, information, and belief that: (1) the complaint is not being presented for an improper purpose (such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation); (2) the claims are supported by existing law or by a nonfrivolous argument to change existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Federal Rule of Civil Procedure 11.

I understand that if I file three or more cases while I am a prisoner that are dismissed as frivolous, malicious, or for failure to state a claim, I may be denied *in forma pauperis* status in future cases.

I also understand that prisoners must exhaust administrative procedures before filing an action in federal court about prison conditions, 42 U.S.C. § 1997e(a), and that my case may be dismissed if I have not exhausted administrative remedies as required.

I agree to provide the Clerk's Office with any changes to my address. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Each Plaintiff must sign and date the complaint. Attach additional pages if necessary. If seeking to proceed without prepayment of fees, each plaintiff must also submit an IFP application.

Dated	Plaintiff's Signature
First Name	Middle Initial
	Last Name
Prison Address	
County, City	State
	Zip Code

Date on which I am delivering this complaint to prison authorities for mailing: \_\_\_\_\_